

## CONSTRUCTION DAMAGE DEPOSIT REFUND REQUEST

NAME OF PAYEE:	DATE:
PERMIT #:	
BUILDING CIVIC ADDRESS:	
REFUND IS TO BE PAID TO:	
**REFUND WILL BE PAID TO ORIGINAL PERMIT HOLDER UNLESS ORIGINAL PERMIT HOLDER DIRECTS OTHERWISE	
_____ ** Signature of Original Permit Holder	

MAILING ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TYPE OF PERMIT: _____ <small>(i.e. Single Family Dwelling, Alteration, Addition, Commercial, Industrial, etc.)</small>		

**NOTICE TO APPLICANT:** Water, Meter Box Lid, Sewer and Storm Sewer Inspection pipe caps at the property line must be exposed and available for inspection. Road and curb must be clean.

*The personal information on this form is collected under the authority of the Community Charter and will be used for the purpose of running the municipality. If you have any questions about the use and collection of this information, contact the Corporate Officer - 250.245.6417.*

FOR OFFICE USE ONLY	
BUILDING INSPECTOR*:	(Date: _____)
<small>(*signature confirming flatwork and final lot grading inspection performed, any deficiencies noted are the responsibility of the owner.)</small>	
DATE OF INSPECTION: _____	COMMENTS: _____
SUPERVISOR OF ENGINEERING SERVICES*:	(Date: _____)
<small>(*signature assuring no damage to municipal property.)</small>	
COMMENTS: _____	
TREASURER* _____	(Date: _____)
<small>(*signature to authorize refund)</small>	
COMMENTS: _____	

DATE RECEIVED BY ACCOUNTS PAYABLE \_\_\_\_\_

Distribution:	
	Engineering
	Building Inspector
	Finance & A/P
	Applicant

AMOUNT OF DEPOSIT: \$ \_\_\_\_\_

LESS: DEDUCTIONS \_\_\_\_\_

REFUND: 10-426110-0000 \$ \_\_\_\_\_

